

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012647  
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 884

health, Welfare public service  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9039 Saranac</b>		Length of stay in 1b <b>8 Yrs.</b>	d. STREET ADDRESS <b>9039 Saranac</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EUGENE</b> Middle <del>JOHN</del> <b>JACOB</b> Last <b>KUHNMUENCH</b>			4. DATE OF DEATH Month <b>March</b> Day <b>27</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April-26, 1892</b>	9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Miller -</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Enco Flo. Bulk Flour Company</b>	11. BIRTHPLACE (City and state or country) <b>Strasbourg - France</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Jacob Kuhnmaench</b>			14. MOTHER'S MAIDEN NAME <b>Marie Zirnheld</b>		
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>492-03-8079</b>	17. INFORMANT Address <b>Mrs. Louis E. Kuhnmuench 9039 Saranac</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>4/20.1</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
MEDICAL CERTIFICATION 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>3/9/53</b> , to <b>3/27/58</b> and last saw <sup>her</sup> him alive on <b>3/25/58</b> Death occurred at <b>4:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Earl Brand MD</b> (Degree or title)			22b. ADDRESS <b>Webster Groves Mo.</b>		22c. DATE SIGNED <b>3/27/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Intombment</b>	23b. DATE <b>3/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>C.R. Lupton and Sons 7233 Delmar</b>			25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Quake MD</b>	

3:00 TO 5:00 P.M.  
County - Wide

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arnold W. Schoe*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.